



**State of Louisiana**  
**Department of Health and Hospitals**  
Office of Public Health

February 1, 2016

TO: LOUISIANA WIC VENDORS

FROM: SEAN C. MACK  
LA WIC PROGRAM, VENDOR MANAGER

RE: RE-EXTENSION OF 2013-2015 VENDOR AGREEMENTS

Dear WIC Vendor:

As you are aware, your current agreement with the Louisiana WIC Program was extended through March 31, 2016. Nutrition Services, in conjunction with USDA/FNS has determined that the changes to the program will not be ready at that time. Therefore, your current agreement with Louisiana WIC is being extended through **September 30, 2016**. Should we complete ALL updates and changes prior to **September 30, 2016** you will be notified, in a timely manner, of the next steps to be taken.

Please complete and sign the statement below acknowledging that you fully understand the terms of the extended agreement. Please list your store(s) below (attach a separate list if more space is required). Also, make a copy of this document for your records. To avoid termination of the agreement, the completed and signed acknowledgement below **MUST** be submitted to our office no later than **February 15, 2016**. You may fax (504-568-8232), email ([LAWICVENDOR@la.gov](mailto:LAWICVENDOR@la.gov)) or mail (P.O. Box 60630, New Orleans, LA 70160) your acknowledgment to us. If you choose to mail the acknowledgement, it needs to be post marked no later than **February 15, 2016**. Failure to complete this acknowledgement process in a timely manner will result in termination of the WIC Vendor Agreement and end your ability to process LA WIC vouchers (food instruments and cash-value vouchers).

Statement (s) of Understanding:

I, \_\_\_\_\_, am authorized to act on behalf of the authorized stores whose Louisiana WIC Vendor numbers I have listed below. I fully understand that my current 2013-2015 agreement with LA WIC, as amended by Vendor Agreement Extension dated **August 17, 2015** is hereby being extended through **September 30, 2016**. I also acknowledge that this date may change as LA WIC determines they have completed the update process. I also understand that during this extension I am responsible for following and abiding by ALL the rules and regulations stated in the current agreement I have with the program.

List store (s) WIC Vendor # (Mark here if vendor IDs are on an attached document ☐):

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree to the above Statement (s) of Understanding.

Store Representative's Printed Name and Title

Store Representative's Signature and Date